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PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

·	
Application Number	09/475, 946
Filing Date	(Nor Available)
First Named Inventor	Potega, Patrick H.
Group Art Unit	(NOT Available)
Examiner Name	(NOT Available)
Attorney Docket Number	1092-107.057

To:	Assistant Commissioner for Patents
	Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client, Mr. Patrick H. Potega, has outstanding charges, the major portion of which is over fifteen months past due. Client has informed me that there is no expectation of payment in the foreseeable future.

Client apparently wishes to conduct the prosecution of his pending cases himself, since he has informed at least one USPTO Examiner that I no longer represent him. Moreover, the primary Patent Attorney, Mr. Colin P. Abrahams, with whom I am associated in handling Client's new and pending patent applications, is also filing a Request For Withdrawal as Attorney or Agent.

I have made several phone calls to work out an amicable arrangement to continue our business relationship, without success.

CORRESPONDENCE ADDRESS

1. 😠	The corres	pondence address	s is NOT	affected	by	this	withdrawa	аl
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2.	Ш	Change	the corres	pondence	address	and direc	t all f	uture	correspond	lence t	io:
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Customer Numl	ber				Place Customer Number Bar Code Label here		
OR							
X Firm or Individual Name		Don A. Hollingswo	rth				
Address		22339 Circle J Ra	nch Rd				
Address							
City		Santa Clarita	State	CA	ZIP	91350	
Country		US					
Telephone		661 253-3747	Fax _	661 253	-3787		
This request is enclose	ed in trip	licate.					
Name	Doi	n A. Hollingsworth∬	(Rea#	25,63	1)		
Signature	\mathcal{D}	C. Halliswood	J				
Date	Jui	ne 9, 2001 ()					
NOTE: Withdrawal is e	effective	when approved rather than when re	ceived.				

period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time